

**County:** Paradise/Medium

**PEI Project Name:** School – Family Connections

**Date:** February 29, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

<b>1. PEI Key Community Mental Health Needs</b>	<b>Age Group</b>			
	Children and Youth	Transition -Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. PEI Priority Population</b> <b>Note: All PEI projects must address underserved racial/ethnic and cultural populations</b>	<b>Age Group</b>			
	Children and Youth	Transition -Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

The PEI project described is the result of a collaborative planning effort between the county mental health department, the county office of education, local school districts, parents, teachers, and students. As part of the PEI planning process, a subcommittee dedicated to promoting school based mental health services was formed following the completion of the county's CSS planning process in recognition of the need for the two systems to collaborate on issues related to children's mental health.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across the county and a stakeholder process that included recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

#### Data Review and Analysis.

Representatives of county mental health and the education community were identified to review the needs assessment data from the initial CSS process, and to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included review of both school district data as well as community level data from the county's "Community Indicators for Alcohol and Drug Abuse" profile. This latter source was used because while mental health prevention and early intervention is a new endeavor for this county, alcohol and drug prevention efforts have been underway for several years in both the schools and in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- The most recent California Healthy Kids Survey results, in particular, the measures related to mental health, alcohol and drug use, suicide, resilience and youth development, and school climate. Most of these measures are included as part of the CHKS core module that is administered to school districts and is required for receipt of Title IV funds for Safe and Drug Free Schools funding. The Westside school district has elected to also administer additional modules of the CHKS survey that include questions that gauge assets and protective factors, and suicide risk factors.
- School attendance/expulsion rates;
- Adequate Yearly Progress of schools – schools not meeting federal requirements and high levels of children/youth identified socioeconomic disadvantaged or English Language Learners
- Review of county's districts and schools with low academic performance (API) scores
- Review of juvenile arrest data
- Community Risk Indicators for Alcohol and Drug Abuse Risk (including review of county Child Protective Services data, and data on the number of children in foster care)

Stakeholder input: The stakeholder input for selecting the programs and strategies for this population began with a review of recommendations that were gathered as part of the CSS planning process, that were determined to be applicable and relevant to prevention and early intervention, rather than CSS. A list of draft recommendations for services that were relevant for children and youth at risk for school failure were compiled for review and comment by stakeholders. A key partner in reviewing and providing input into draft recommendations were representatives from the county's Youth Coalition, which includes diverse youth representatives from each school district.

The county then convened three regional stakeholder meetings in the northern, central and southern part of the county. In addition, youth focus groups were implemented throughout the planning process to gain additional input. In addition, the county publicized its webpage and email where stakeholders could provide additional comment and input.

The comments received from all the input were reviewed to develop priority recommendations. Program and site selection was based on the combined factors of high rates of mental health risk behaviors, low test scores in schools, and high levels of community risk factors. A key factor that led to program and site selection was the evidence of support from the school sites and districts, and strong community support for this school-family connections project to address the problem of students at-risk of school failure.

### 3. PEI Project Description: (attach additional pages, if necessary):

This PEI Project will address the key community need of at risk children, youth and young adult populations, and their families or caregivers. The priority populations to be addressed are children at risk of school failure.

The project includes three major programs that reflect all parts of the prevention continuum. The programs to be implemented will be focused in the Westside School District. Westside is a large urban school district with a student enrollment of 64,000 students. This district is one of the fastest growing districts in the county. The demographic data for this district is 45% Latino, 25% Asian, 15% Caucasian, 10% African American, and 5% other.

- Universal: SOS: Signs of Suicide. This program will initially be implemented in 3 high schools in the Westside School District including one continuation high school. The program will be included as part of the high schools' standard Psychology class for the regular high school and an elective at the continuation high school. The selection of this program reflects the increase in suicidal ideation data and school climate data from the most recent California Healthy Kids survey. In addition, peer led focus groups held at the schools and at schools that have after school programs indicate a need for suicide prevention in these schools. The desired outcomes are to see a decrease in the suicide ideation indicators and increase in school bonding measures after implementation of this program as measured by CHKS-type survey questions.
- Selective/indicated: Reconnecting Youth program. This program will be implemented in all high schools in the Westside district. This program was selected to supplement alcohol, drug, and violence prevention programs already being implemented in the Westlake school district including Olweus Bullying Prevention, Botvin's Life Skills, and Project Alert. Currently, the district is implementing several programs for the K-6 grades, including the Early Mental Health Initiative, but to date, has not had resources to develop programs for the at-risk high school population. This program will supplement those efforts by targeting youth who at risk of dropping out because of problems with substance abuse, behavior problems or others that are identified. This program was selected because of CHKS data that indicated an increase in alcohol and drug use in the district, as compared to prior years, as well as the high expulsion rates and referrals to the School Attendance Review Board.

Coordination for the school based programs will be managed by a .5 FTE district site coordinator. This coordinator will be responsible for oversight and implementation of the training of staff and teachers, managing and facilitating the local evaluation to ensure that the programs are implemented with fidelity, and assisting in data collection efforts.

The coordinator will also collaborate with the school counselors and county mental health to prepare for increased referrals for mental health services as a result of implementing these programs.

In addition to the curriculum programs being implemented, this project will also include a new Student and Family Assistance Center. This center will be modeled after the Eastside District's Center which is located on Oak Tree Middle School's campus. This Center will have the dual purpose of serving both the district and community, as the target populations for services at the Center are district students and family members. The Center will provide student and family screenings for mental health and alcohol and drug abuse, short term counseling, and referral resources to other services if needed, such as more intensive counseling, alcohol and drug treatment, tobacco cessation. In addition, workshops on various topics related to mental health risk factors for students will be available including life skills development, leadership training, and youth development. Staff at the center will be bi-lingual and be trained in youth development and resiliency philosophy, so that the emphasis on all activities and services will be strength and asset based.

Locating the Center at a school site will address barriers to seeking mental health services among the targeted ethnic populations that are the intended focus of this project. Data from the stakeholder process and from input submitted to the county via its public email indicated that services provided at schools were an effective means of reaching the youth and family in the Eastside neighborhood.

The target student population for Center services includes students with attendance, suspension or behavior problems; at risk or exhibiting problems with alcohol or drug abuse; or those living in families without positive parental supervision; or where there is a documented family history of domestic violence, child abuse, neglect or other trauma. The district's existing Student Assistance Program (SAP) and School Attendance Review Board (SARB) will also meet in the center and members of both are collaborative partners in implementing this strategy.

Parents and guardians of district students are able to access services at the center. When students are identified or referred for services, parents and guardians will be contacted about available Center services. Among the services planned are parenting classes, education on identification of mental health issues in children, assessment and referral to mental health and alcohol and drug services, respite care for those who have children with mental health issues.

The center will also hold quarterly educational events for the general public on mental health topics, including regular screening days for mental health and substance abuse.

The implementation partners for this project will be teachers in the Westside School district, staff at the Student and Family resource center, and the community in which the Center is located (neighborhood which school serves). The setting will be classrooms and community settings (for the continuation school and the resource center).

The activities for this project will be: teacher training in use of each curriculum (SOS and Reconnecting Youth); implementation of the curriculum in each of the two Psychology classes in each regular high school, and as an elective at the continuation high school.

Staffing support funded by MHSA for this component will include one FTE whose time will be spent doing assessments and .conducting short term counseling and parenting classes plus a .5 FTE district site coordinator.

#### 4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
<u>SOS: Signs of Suicide</u> Estimate 2 classes per high school (2) x 2 semesters of 35 students = 280 students Estimate 2 classes per continuation site (1) x 2 semesters of 20 students = 80	Individuals:360 Families:	Individuals: Families:	9 months (estimate begin program implementation in September 2008)
<u>Reconnecting Youth program.</u>  Same classes as above.	Individuals: Families:	Individuals:96 Families:60	
<u>Student and Family Resource Center.</u> <ul style="list-style-type: none"> <li>Parenting classes: 4 10 week courses x 10 per classes = 40 parents</li> <li>Mental health &amp; substance abuse screening days: 3 times per year, 100 people per day = 300</li> <li>Student assessments = 180</li> <li>Trainings general public 4/year 50 per = 200</li> </ul>	Individuals: Families: 540	Individuals: 180 Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	

	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: Families:</b>	<b>Individuals: Families:</b>	

The **TOTAL Student/Family Connection Project estimated *unduplicated* count is 1,040.** This assumes that

- The 96 students in Reconnecting Youth are also enrolled in SOS
- 40 of the students receiving services at the Student and Family Center will also be enrolled in SOS.

## **5. Linkages to County Mental Health and Providers of Other Needed Services**

Key community partners and services providers include county alcohol and drug prevention and treatment providers; Youth Council; county office of education and school districts; and the community of the Westside School district. Partnerships that have been formed as a result of the CSS planning process have resulted in agreement by the County AOD Office to prioritize the youth and families that are referred by this project for services. The County Mental Health Department will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

## **6. Collaboration and System Enhancements**

Develop new partnerships and deliver services in settings which are non-threatening/non stigmatizing to participants (students and families).

As a result of this project, the district and school sites will become a safe, accessible venue for district youth and families to access needed services. The county's subcommittee on school based mental health services will continue to meet quarterly to review progress of this project, and to make course correction as necessary to ensure that the proposed goals and objectives are being met. Formal agreements, either MOUs or interagency agreements, will be developed and used as a model for future collaborative efforts.

## **7. Intended Outcomes**

### **SOS**

#### Person level outcomes

- Knowledge and attitudes
- Suicide attempts

#### Program/system level

- Increase in referrals
- Increase in students receiving mental health services

### **Reconnecting Youth**

#### Person level outcomes

- Substance use
- Negative impacts from substance use



- Resilience and feelings of self-efficacy
- Attendance, drop-outs, suspensions, expulsions

#### Program/system level outcomes

- Numbers of students identified as potential participants and % of these who agree to participate
- Number of parents with adequate participation
- Numbers of students who start the program who complete it
- Number of teachers trained and conducting programs

### **Student and Family Assistance Center**

#### Program/system level outcomes

- Counts of numbers of persons participating in the various activities at the Center
- Ethnicity of participants in Center activities
- Satisfaction with classes and services received
- Number of screenings and referrals for assessments
- Number of individuals receiving intervention services at the center and numbers of referrals to other possible programs for such services such as primary care providers, public or private mental health service providers.

### **8. Coordination with Other MHSA Components**

The district site coordinator will be invited to meet monthly with Paradise County Mental Health staff who are currently involved in the implementation of other MHSA components such as PEI and CSS coordinators.

This meeting will be used for updates about each component's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that might qualify for on-going services such as Community Services and Support.

During the second year of implementation of this project, the district will develop a project plan to determine the feasibility of an MHSA Workforce Education and Training, high school career pathway program. The county has dedicated 20 percent of its Workforce Education and Training funding to PEI purposes. Some of this funding is available (as noted in Form 4 and the accompanying budget narrative for this project) for professional development purposes to implement this PEI project.

### **9. Additional Comments (optional)**